

# Supplementary Life Insured's Statement

## Declaration of Health

**This declaration attaches to and forms part of your application for cover with Zurich. To avoid delays, please check that all questions have been answered in full. Please use BLOCK LETTERS.**

Policy number/s



Policy type:  Wealth Protection     Active     Sumo     FutureWise     Other \_\_\_\_\_

### Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

### Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au).

## 1 Life insured details

Declaration for insurance cover on the life of

Date of birth				/	/		
Postal address			State		Postcode		
Contact details	Work ( )		Home ( )				
	Mobile		Email				

## 2 Declaration of health and circumstances

Since the date of your last application to Zurich have you had any change(s) to the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Your health* (regardless of whether you have seen a doctor, and includes any injury or illness, symptoms, treatment, medical tests or advice, diagnosis of any medical condition or any pending medical tests, investigations or procedures) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Your family medical history  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Your occupation (including duties and hours worked)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Your income**  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Your intention for overseas travel or residency (in the next 2 years)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Your participation in hazardous activities or sports   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 2 Declaration of health and circumstances (continued)

If you have answered 'Yes', to any of the questions above please provide full details below.

\* If any of the disclosure made is health related please provide date/s, details of treatment, degree of recovery and the contact details of any Doctors consulted.

\*\*If your income has changed please confirm your current annual income from your principal occupation (this can include superannuation and other benefits and exclude any business expenses to earn this income).

Question	Details

## 3 Declaration

The proposed life insured states as follows:

1. I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
2. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**